

ScotGEM Portfolio Overview/Guide for Students

1. Introduction

a) What is an E-Portfolio?

Portfolios have been used within medical education for more than twenty years¹ and are utilised to gather evidence and show progression in learning and professional attributes throughout medical training. They are also used after graduation for regular appraisal and therefore the use of a portfolio is an important skill to develop. When portfolios are used to their maximum potential they are more than simply a drop box for work completed across the course. Instead, they can be utilised to develop reflective practice and both drive and record continuous personal development.

b) GMC Outcomes for Doctors: The Doctor as a Professional

The General Medical Council are the regulatory body for medical professionals and are also responsible for maintaining standards in undergraduate medical education. Undergraduate Medical curricula are based upon the framework set out in the GMC's Outcomes for Graduates (2015)². Outcome 3 outlines the expected professional behaviours in graduate doctors. The E-portfolio in ScotGEM will be utilised to help you to evidence and showcase your professional identity formation. We recognise that as a graduate group that you all bring to the course individual past experiences. We expect and recognise that each of you will have differing strengths and challenges along the way during your ScotGEM journey and beyond. The E-portfolio is a way to reflect upon your personal learning journey, to identify your areas of strength, and to help you identify and develop other areas required to be a doctor.

c) Portfolio for Assessment

The portfolio will be assessed as a mandatory component of the assessment process for ScotGEM. This means that you cannot progress to the next year of the course without passing your portfolio assessment. Overall, the mark for your portfolio comprises 20% of the overall year grade. Each year you will have a set number of tasks to complete and upload to your portfolio. These will range from reflective pieces of work ([page 2](#)) to examples of clinical and procedural skills, feedback from patients and the Generalist Clinical Mentors (GCMs), and larger pieces of work undertaken during your Agents of Change course work. The portfolio will also measure other aspects of your professional behaviour, for example your attendance at compulsory teaching. In the section below is a brief description of the tasks you will be required to complete for your portfolio.

2. Portfolio Content

a) Personal Development Plans

Throughout your medical career you will be expected to recognise your own learning needs and to identify strategies to address these. We would like you to utilise the portfolio to develop this skill.

Each year of your ScotGEM course, you will be asked to complete a SCOT analysis of your own learning needs and identify 5 key areas which you will address over that academic year. You should use SMART principles to write your PDP i.e. your objectives should be **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-based.

You will then be asked to reflect on your progress in achieving your personal objectives at the beginning and end of each subsequent academic year.

A SCOT analysis is a system of assessing the strengths and challenges that an individual/or group might face. This acronym stands for **S**trengths, **C**hallenges, **O**pportunities and **T**hreats and this analysis will help you identify your strengths and areas which require development.

Your personal development plan will be reviewed by your personal tutor at the beginning of each year to ensure you are on track.

b) Work Place Based Assessments

You will be asked to undertake two types of formative assessment/feedback during your CLIC and clinical days in year one; these are Mini Clinical Evaluation Exercise ([Sample Mini-CEX Form](#)), and Direct Observation of Procedural Skills ([sample DOPS Form](#)).

Mini-CEX: This is an assessment which is also used in postgraduate training and provides feedback on your clinical skills including your communication and examination skills. You will be asked to complete 4 of these in year one. It is your responsibility to ask your GCM to complete these during your teaching. Please ensure these are evenly spread throughout the year. You will be asked to reflect (briefly) on each one. You can complete a Mini-CEX on any clinical interaction, but you might find the following list of potential interactions helpful. You can complete a mini-CEX by logging onto your portfolio and selecting this as a task.

DOPS: This is also used in postgraduate training and is an assessment of procedural skills. In year one you will be expected to do this twice (once in CLIC and once in practice). The procedural skill to be completed in year one is venepuncture. A link for the checklist for venepuncture can be found [here](#).

c) Feedback from Patients, 3rd sector clients and GCMs.

As a medical student, it is expected that you will always behave in a professional and patient-centred manner. You will be expected to gather feedback from patients during CLIC, in practice and when working with third sector partners during your Agents of Change placement. It is your responsibility to ask for feedback. Your AoC mentor can either complete this on paper and post it back to the medical school, or complete this online. They will be sent details of how to do this.

At the end of each semester, your GCM will also provide an overview of your professionalism so that at your portfolio assessment you will have two overviews in your portfolio.

d) Reflective Practice

There is a significant body of work which shows the importance of reflection in the development of both medical students and doctors. Reflective practitioners analyse their thoughts, feelings and

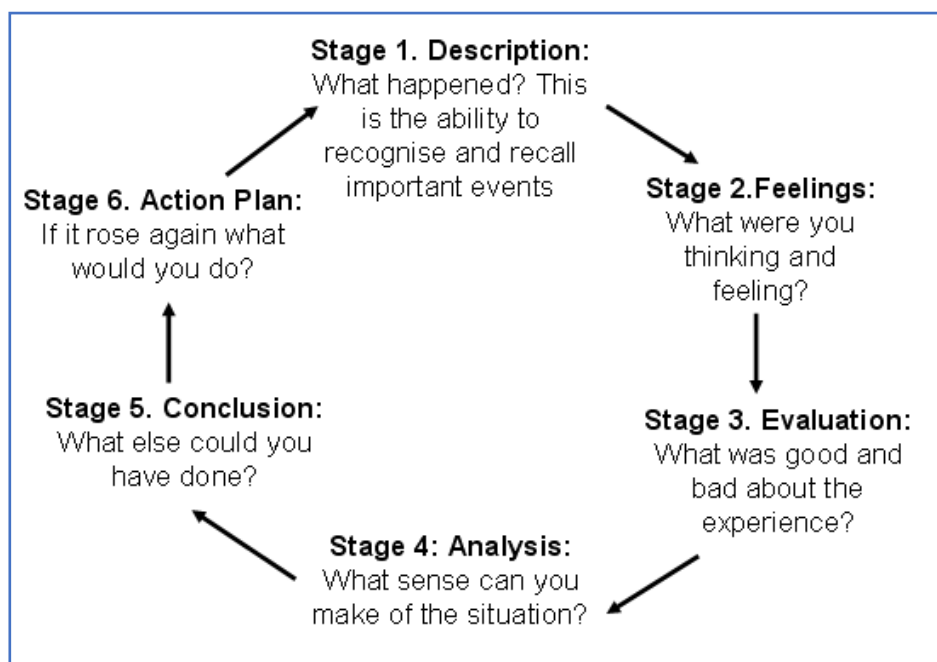
actions about an experience or group of experiences, to become active learners and to develop for the future. Reflection will also help you to make sense of your professional identity formation across the ScotGEM course. Reflective practice recognises that individuals respond to experiences in different ways and it provides the tools to process and utilise these experiences for development.

Reflective medical practice is about critically examining your clinical experience and learning from it. It is core to your professional role in the health service and vital for patient safety.

Models of Reflection

Reflection is a skill that does not come easily to all, but which can be learned and developed over time. There are several reflective models which can be used to help guide your analysis of learning events. It is important that you do not simply describe an event, but instead analyse what happened, how that made you feel and how this will inform future practice.

One model which you may find helpful to base your reflection upon is **Gibbs Reflective Cycle (1998)**.



Across the 4 years of your course there will be mandatory reflective pieces of work which should be completed and uploaded to your E-portfolio. In addition, there will also be an area within your E-portfolio that you may utilise for your own personal reflection of events which occur throughout the ScotGEM course.

Reflective work in ScotGEM Portfolio

Prior to beginning year one you have been asked to submit a short piece entitled "What is professionalism?". Each of these will be utilised to form a word cloud of the common themes around

professionalism and will form the basis of a discussion around professional grounds rules for the ScotGEM course.

During orientation week you will also be asked to reflect on the “surviving and thriving” university drama. You will find the specifics of this task in SOLAS.

Neither of these tasks will be specifically marked but should be uploaded to your portfolio.

For your portfolio **assessment** you will be expected to produce two separate pieces of reflection.

1) Significant Event Reflection

The first piece of marked work will be a reflective essay around a significant event. This could relate to an interaction with a patient, how you feel about starting medical school or indeed a personal experience relevant to being a medical student. These **will be** marked and will form part of your overall portfolio grade. Your personal tutor, and the faculty who mark these will have access to these essays. Anything you discuss will remain confidential, however you may be asked to meet with your personal tutor if this reflection raises concerns about your own safety or the safety of others including patients. Please ensure you do not include any identifiable patient details within your reflections.

2) Outcomes Reflection

The second piece of marked work will be towards the end of year one. In this reflective essay you will be asked to reflect on your progress in each of the three outcomes in the GMC's Outcomes for Graduates document. You should consider, utilising Gibbs cycle for reflection, your experiences and progress in each of these outcomes. For example, for Outcome 3, you could consider your experiences and progress in each of the sub headings including:

- 1) The graduate will behave according to legal and ethical principles
- 2) The graduate will reflect, learn and teach others
- 3) The graduate will learn and work effectively in a multi-professional team
- 4) The graduate will protect patients and improve care

You should also reflect upon your PDP and your progress in your identified areas for development. This essay **will be** marked and form part of your overall portfolio grade.

e) Ethics

As a medical student and doctor, you will always be expected to behave ethically. In year one you will be expected to read three key documents produced by the General Medical Council. These are: Achieving Good Medical Practice, Duty of Candour and Consent. You will be asked to sign and date to say when you have read these (it is suggested you do this near the beginning of semester 1).

f) Agents of Change

The output from your Agents of Change placements should also be uploaded to your portfolio. The grade for each of these will form part of your overall portfolio (Professionalism) grade. You can find more information about the expectations for your agents of change course work here {add link}

g) Yellow Cards

Yellow cards will be awarded for any behaviours that are deemed to be unprofessional. Any yellow cards that have been given to you across the year will be shown in your portfolio. You should reflect upon these in your second reflective essay. The full yellow card policy can be found [here](#).

h) Portfolio Assessment

Formative review

In December and February, a virtual review of all portfolios will be undertaken by faculty to assess progress and engagement with your portfolio. Those students who are deemed to be behind on their portfolio content will be invited to review with their personal tutors to discuss the reasons for this and resources will be signposted to help you remediate.

3. Summative Review

In May, each student will undergo a review of their portfolio to assess the content and engagement with the portfolio. This will comprise a review by faculty of portfolio content as well as a face to face viva with a member of faculty about the portfolio. Each component of the portfolio has been assigned a mark and the overall mark will determine the end of year portfolio grade.

There are three potential outcomes from this review:

- 1) The examiner determines that the student has passed all necessary components of the portfolio and has engaged well with the process. This student has passed and will be given their grade along with the written and OSCE exams in June.
- 2) The examiner deems that the student requires extra work to pass their portfolio assessment. The student will be made aware of the tasks required and will be asked to submit these before the main exam diet in June. They will also be asked to submit a further reflective piece around the portfolio and attend a portfolio exam within the main exam diet.

There are two potential outcomes from this exam:

- a) The student is deemed to have passed.
- b) The student is deemed to have failed.

Students in group b) will be assigned further remedial tasks and will have a resit exam during the resit diet. Students who attend the resit examination will have their grade capped at a D. All students **MUST** pass their portfolio to be allowed to progress to the following year.

i) Portfolio Submission Timeline

A link to the submission timeline for portfolio can be found on Solas.

Portfolio Questions?

If you have any questions about any aspect of the portfolio process you can email Dr Lynn Urquhart (Portfolio Lead) on lynnurquhart@nhs.net OR Sarah Ritchie (Assistant Assessment Officer) on sar25@st-andrews.ac.uk.

References

[M. Friedman Ben David, M.H. Davis, R.M. Harden, P.W. Howie, J. Ker & M.J.](#)

[Pippard \(2001\) AMEE Medical Education Guide No. 24: Portfolios as a method of student assessment, Medical Teacher, 23:6, 535-551](#)

- 1) [General Medical Council \(GMC\) Outcomes for Graduates \(Tomorrow's Doctors\)](#)
- 2) [General Medical Council: Achieving Good Practice](#)
- 3) [General Medical Council: Duty of Candour](#)
- 4) [General Medical Council: Consent](#)

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Version Control Record (*expand table as required*)

Date	Revision Description	Major Changes
07/07/19	Fixed broken link	